

James C. Collins  
Attorney at Law

PO Box 713  
Whitney Point, NY 13862  
Telephone: (607) 692-3344  
Fax: (607) 692-2299

January 4, 2011

U.S. Bankruptcy Court  
230 U.S. Courthouse  
10 Broad Street  
Utica, NY 13501

Attention: Debbie

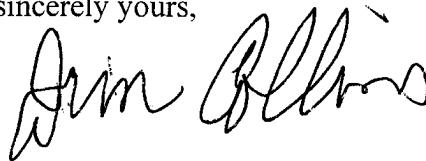
Re: Stewart Block, Jr. and  
Patricia L. Block  
Chapter 7 Case No. 09-60160  
Dividend Amount: \$2.14

Dear Debbie:

*Rec'd 1/6/11 MC*  
I have enclosed a check number 10113 made payable to the Clerk, U.S. Bankruptcy Court in the amount of \$2.14 for Dividend to the creditor ACT Physical Therapy, 19 N. Main Street, Sherburne, NY 13460, filed Proof of Claim No. 6.

*I have also enclosed a copy of the Proof of Claim.*

Very sincerely yours,



JCC/jjc

Enc.

*Receipt # 61100109*

CLERK OF THE  
BANKRUPTCY COURT  
N.D. OF NY  
UTICA

2011 JAN -6 AM 10:49

RECEIVED

## UNITED STATES BANKRUPTCY COURT Northern District of New York

## PROOF OF CLAIM

Name of Debtor: Stewart Block Jr  
Patricia L. Block

Case Number: 09-60160-6-dd

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):  
ACT Physical Therapy Check this box to indicate that this claim amends a previously filed claim.Name and address where notices should be sent:  
ACT Physical Therapy  
19 N. Main Street  
Sherburne, NY 13460-9514Court Claim Number \_\_\_\_\_  
(if known)

RECEIVED &amp; FILED

MAY 14 2009

Telephone number: 607-674-6262

Filed on:

Name and address where payment should be sent (if different from above):

OFFICE OF THE BANKRUPTCY CLERK  
UTICA, NY Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

 Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 64.78

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

Specify the priority of the claim.

If all or part of your claim is entitled to priority, complete item 5.

 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).2. Basis for Claim: Health Care (Physical Therapy)  
(See instruction #2 on reverse side.) Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

3. Last four digits of any number by which creditor identifies debtor: 5947

 Up to \$2,425\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.) Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

4. Secured Claim (See instruction #4 on reverse side.)

 Other - Specify applicable paragraph of 11 U.S.C. §507 (a) \_\_\_\_\_.

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Amount entitled to priority:

\$ \_\_\_\_\_

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Describe:

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

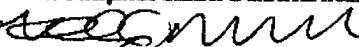
If the documents are not available, please explain:

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 5-4-09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address

above. Attach copy of power of attorney, if any.



FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.